

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07066

P

1. PLACE OF DEATH

County

Howard

Registration Dist. No.

190

Village or City

Elkridge (Washington Blvd)

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Elkridge (Washington Blvd)

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ben Chandler

6. DATE OF BIRTH (month, day, and year)

1890

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

55

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Knoxville

(State or country)

Tennessee

MOTHER

FATHER

13. NAME

Charles Lenoir

14. BIRTHPLACE (city or town)

Knoxville

(State or country)

Tennessee

15. MAIDEN NAME

Nannie Lenoir

16. BIRTHPLACE (city or town)

Knoxville

(State or country)

Tenn.

17. INFORMANT

(Address)

Jennie Hall
Elkridge, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington

Date

July 24, 1945

19. UNDERTAKER

(Address)

Mrs. Kate R. Williams
322 N. Schroeder St

20. FILED

7/24, 1945

A. W. Hedrick
Spk

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

20

1945

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Apr 5 1945 to July 18 1945

I last saw him alive on July 18 1945; death is said

to have occurred on the date stated above, at 7 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Cardio Vascular
Renal disease

Date of onset

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

S. B. Hughes

(Address)

1413 S. Maryland Ave
Baltimore Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Rec'd VS
2/28/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 700

CERTIFICATE OF DEATH

★ Reg. Dist. No. 74

1. PLACE OF DEATH:

County HowardCity or town Ellicott City, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Kenneth Homer

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Single

8. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

25 MAY 1926

8. AGE:

Years

Months

Days

If less than one day

19124

hrs. min.

9. Birthplace

PHURMONT, MISSOURI.

(Town, county, and state)

10. Usual occupation

Soldier

11. Industry or business

WM HOMER

12. Name

William Kenneth Homer

13. Birthplace

Md.

14. Maiden name

Nettie Rhodes

15. Birthplace

Md.

16. Informant

Service Records

Address

Fort George G. Meade, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

July 22, 1945
(month) (day) (year)

Cemetery or crematory

Union Chapel Cemetery

Location

Libertytown, Frederick Co., Md.

18. Funeral director

Howard H. Blight, Jr.

Address

4914 Belair Road19. July 21, 1945

(Date rec'd by registrar)

July 25, 1945
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MARYLAND

County

Frederick

City or town

Spansville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

219-20-2265

MEDICAL CERTIFICATION

20. DATE OF DEATH

7/19

19

45

at

1:30
A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/19

19

45

to

7/19

19

45

and that I last saw him alive on

no

date

Immediate cause of death

AsphyxiaStrangulation, severe

DURATION

instant

Due to

fracture of thyroid cartilage

Due to

fracture of st. clavicle

Due to

Complete

Other conditions

none

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

7/19/45

Where did injury occur?

Ellicott CityHowardMd.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Frederick Rd. (mile

Means of injury

Auto turned over

Injured at work?

West of Ellicott City

23. SIGNATURE

George E. Burdick, M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address

Ellicott City, Md.

Date signed

7/19/45

07067 791

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
JUL 31 1966
BUREAU OF
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 196

1. PLACE OF DEATH:

County Howard
 City or town Montgomery Rd Ellicott City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Howard
 City or town Ellicott City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Montgomery Rd
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Hines

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Conrad Hines
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 1 1867
 8. AGE: Years 78 Months 2 Days 8 It less than one day _____ hrs. _____ min.

9. Birthplace Ireland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Real O Boyle13. Birthplace Catharine Ireland14. Maiden name McPoy15. Birthplace Ireland16. Informant Jerome A LongmanAddress Columbia Rd Ellicott City17. Burial, cremation, or removal, Which? Burial Date thereof July 12 1945
(month) (day) (year)Cemetery or crematory New CathedralLocation Belts Md18. Funeral director Henry W. Jenkins IncAddress McCulloch Orchard St19. 7-10 19 45 M. Hines
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 / 9 19 45, at 5 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 / 9 19 45 to 7 / 9 19 45 and that I last saw h. alive on no date 19 45Immediate cause of death Coronary Thrombosis DURATION instantDue to Arteriosclerotic Cardiovascular Disease 5 yearsDue to _____
Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George E. Buntorf M.D.DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other Elliot City MdAddress _____ Date signed 7/9/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07068

P

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 198

1. PLACE OF DEATH: *Howard*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME *Roger Samuel Knill* 3. (b) Social Security Number

4. Sex *M* 5. Color of race *White* 6. (a) Single, married, widowed, or divorced *married*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *Feb. 3, 1892* 6. (c) If alive, give age..... years

8. AGE: Years *53* Months *6* Days *18* It less than one day..... hrs. min.

9. Birthplace *Frederick co.*
(Town, county, and state)

10. Usual occupation *Farmer*

11. Industry or business

12. Name *William Knill*

13. Birthplace *Frederick co.*

14. Maiden name *Mary Wolf*

15. Birthplace *Frederick co.*

16. Informant *Annie Knill*

Address *woodbine m.*

17. Burial (Burial, cremation, or removal. Which?) *Burial* Date thereof *July 24, 1945*
(month) (day) (year)

Cemetery or crematorium *Oak Grove*

Location *Howard Howard*

18. Funeral director *A. M. Snyder*

Address

19. *7/23* *45* *E. Paul Morris*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 21, 1945, 7:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 18, 1945* to *July 21, 1945* and that I last saw him alive on *July 21, 1945*

Immediate cause of death..... DURATION

Coronary Thrombosis *5 min.*

Due to *Arterio Sclerosis with*

Due to *Cerebral Hemorrhage*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE *C. M. Van Soest* M. D. on duty

Address *1015 1st St* Date signed *7/23/45*

MARGIN RESERVED FOR BINDING

VS A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 30 1945

BUREAU V. &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 733

CERTIFICATE OF DEATH

07070



Reg. Dist. No.

193

1. PLACE OF DEATH:

County HowardCity or town R.F.D. Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town R.F.D. Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Fanny Isadore Molesworth

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

single6. (b) Name of husband or wife none7. Birth date of deceased (mo., day, yr.) July 22, 1859

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

861127

_____ hrs. _____ min.

B. Birthplace Frederick Co., Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business

FATHER
MOTHER12. Name Alfred Molesworth13. Birthplace England14. Maiden name Sarah E. Walker15. Birthplace Maryland16. Informant Mrs. Hobert MullinixAddress Mt. Airy, Md.17. Burial Date thereof July 21, 1945
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory Pleasant HillLocation Monrovia Md18. Funeral director Ray W. BarberAddress Centerville Md19. 7/21 - 45 E. Paul Mullinix
(Interred by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1945 19____ at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb. 1924 to July 19, 1945and that I last saw her alive on July 13, 1945 19____

Immediate cause of death

Bronchiectasis

DURATION

? yrs

Due to _____

Due to _____

Other conditions Chr Myocarditis? yrsArterioSclerosis

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Stanley Grabill

M. D. or other

Address Centerville, Md Date signed 7/19/45

RECEIVED

JUL 30 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 850

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: Beltsville City Md.
 County Howard
 City or town Beltsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred: Pinelawn Clinic
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Baltimore
 City or town 4416 Westworth Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4416
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Lena Bertha Sayman

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Isaac N. Sayman
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 10-23-1970

8. AGE: Years 74 Months 9 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Germany
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business _____

12. Name Haynes

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace Germany

16. Informant Warren B. Sayman

Address Isaac & Pimble Road

17. Burial Date thereof 8-1-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Glenwood

Location Washington D.C.

18. Funeral director Frank H. Newell

Address Pikesville 8. Md.

19. July 30 45 John B. Lughan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1945, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1945 to July 29 1945

and that I last saw him/her alive on July 29 1945

Immediate cause of death _____ DURATION _____

Cerebral hemorrhage 3 days

Due to Generalized arteriosclerosis

Due to _____

Other conditions Terminal pneumonia 1 day

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Len G. Korkman md M. D. or other _____

Address Beltsville Md Date signed 7/29/45

RECEIVED
AUG 2 1945
BUREAU V.B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07072

1. PLACE OF DEATH

County Howard

Village or City Elk Ridge

Registration Dist. No. 190

No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME John Daniel Simering

If U. S. Veteran, specify WAR _____

(a) Residence: No. 1934 Elkridge Heights Ave.

Ward _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Maud Simering

6. DATE OF BIRTH (month, day, and year) September 3, 1968

7. AGE Years 76 Months 10 Days 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Railroad Clerk
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B. & O. R. R.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William D. Simering

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Anna E. Hax

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT M. Isabel Simering (Address) 1934 Elkridge Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 16, 1945

19. UNDERTAKER S. Lester Earp (Address) 5503 Main Street, Elkridge, Md.

20. FILED July 16, 1945 (Miss K. R. R. R. Registrar) (Address) Elkridge, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 13 1945
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to July 13, 1945

I last saw him alive on July 13, 1945; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

apoplexy
repeated strokes
paralysis
arteriosclerosis
Date of onset 6 mo.
5 mo.
5 yrs.

Other Contributory Causes of importance:

Chronic Myocarditis
Arteriosclerosis
hypertension
1 yr.
3 yrs.

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. B. Brumby M. D.

(Address) Elkridge, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 117173 193

1. PLACE OF DEATH

County Howard
 City or town near Cooksville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nathan K. Smith

3. (b) Social Security Number

4. Sex

M

5. Color or race

Cobalt

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Josephine Smith

7. Birth date of

deceased (mo., day, yr.)

Aug 1 1880

6. (c) If alive, give age... years

69

8. AGE:

Years

Months

Days

If less than one day

641116

hrs.

min.

9. Birthplace

Howard co
(Town, county, and state)

10. Usual occupation

labor

11. Industry or business

FATHER

12. Name

John Smith

13. Birthplace

Howard co

MOTHER

14. Maiden name

Liza Johnson

15. Birthplace

Howard co

16. Informant

William Smith

Address

Cooksville

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Bush Park

Location

near Cooksville Howard co

18. Funeral director

H. M. Snyder

Address

mt. air

19.

(Date rec'd by registrar)

19

45

E. Paul Mearns

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 16 1945 at 79 W

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1945 to July 16 1945

and that I last saw him alive on

July 15 1945

Immediate cause of death

Coronary Thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Barnum M.D.

M. D. or other

Address

Lytleville Md

Date signed

7/16/45

RECEIVED
JUL 30 1945
BUREAU V. B.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified—Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

117871

1. PLACE OF DEATH

County

Howard

Registration Dist. No.

190

Village or City

Elkridge, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Helen Waters

If U. S. Veteran specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

James Waters

6. DATE OF BIRTH (month, day, end year)

August 17, 1898

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

46

11

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month end
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Elkridge, Md.

FATHER

13. NAME

Daniel Simms

14. BIRTHPLACE (city or town)
(State or country)

Elkridge, Md.

MOTHER

15. MAIDEN NAME

Lucy Loney

16. BIRTHPLACE (city or town)
(State or country)

Elkridge, Md.

17. INFORMANT
(Address)James Waters
Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Elkridge

Date

July 29, 1945

19. UNDERTAKER
(Address)Mrs. Katie R. Williams
322 N. Schreder St.

20. FILED

7/28

1945

R. M. Hedrick

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

24

1945

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

July 24, 1945, to July 24, 1945

I last saw him alive on July 24, 1945; death is said

to have occurred on the date stated above, at 4:05 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Epilepsy

7-24-45

Other Contributory Causes of Importance:

Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

(Address)

Thos. Woolridge
Elkridge, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
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<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
